Michigan 2006 Palliative Care Census: Executive Summary

Purpose

The purpose of this project was to assess the availability and scope of palliative care services in Michigan hospitals, given the need to prevent and reduce avoidable suffering during the last phase of life for persons with cancer and other advanced chronic illness. This project supports the End-of-Life Strategic Plan developed by the Michigan Cancer Consortium, specifically the objective to increase access to palliative services throughout Michigan.

Methodology

The primary investigator identified inpatient palliative care teams via input from a number of sources, primarily hospice administrators and palliative care practitioners. She contacted the programs directly as needed to verify contact information.

Using the palliative care core elements defined in 2004 by the National Consensus Project for Quality Palliative Care, the primary investigator proposed structural factors to assess in palliative care programs. These factors were then prioritized and translated into survey questions with input from the Palliative Care Advisory Work Group of the Michigan Hospice and Palliative Care Organization and from May Yassine, epidemiologist at the Michigan Public Health Institute. The survey questions were transformed into a 50-item online survey tool by Carrie Nestell, staff member in the chronic disease section at the Michigan Department of Community Health.

The primary investigator emailed the survey link early in September to contacts at the 31 known inpatient palliative care programs in the state. With email and telephone reminders, 29 of the programs responded by October 31. The two nonresponders are established programs and are expected to respond with further follow-up. The data for two of the survey questions were corrupted because of a problem with the survey software and therefore not analyzed. These questions will be redistributed in the future.

Findings

The 24 functioning hospital-based palliative care programs are located in 15 counties, all but one of them in the Lower Peninsula. Only 4 of the counties have palliative teams in more than one hospital.

Of the 29 responding programs, 22 (76%) are actively treating patients. The rest are developing (3), launching (2), or suspended (2). The top reasons for referral to palliative care services are 1) assistance with difficult conversations and decision-making and 2) management of pain and other difficult symptoms.

Disciplines represented on the core palliative care team are most commonly a physician and a nurse (36%) or a physician, a nurse, and a social worker or chaplain or both (56%).

The physicians and nurses have appropriate credentials: 17 (77%) teams are led by a physician who is board-certified in hospice and palliative medicine, often in combination with an advanced-practice nurse. Five of the nurses are board certified in palliative care management. An additional four teams (18%) are led by physicians and nurses with palliative care training via the EPEC or ELNEC continuing education curriculums.

Core palliative care team members communicate about patients daily in the course of treatment but conduct formal team meetings two or more times weekly (35%), once weekly (45%), or less than once weekly (20%).

The responding palliative care programs rated their data collection efforts as beginning (32%), intermediate (45%), or advanced (23%). The most commonly identified barriers to data collection are lack of tools, time, and manpower.

Almost all of the palliative care responders rated their impact on hospital culture as medium (59%) or high (32%). Changes they have observed include improved pain control and quality of care for seriously ill patients, improved decision-making with fewer emergency ethics consults, increased hospice referrals, and reduced inpatient expenses.

The primary challenges reported by responding programs (n=26) include physician buy-in (31%), cultivating referrals (27%), financial support (27%), and finding qualified physicians and other staff members (27%).

Of the 29 responding palliative care program contacts, 21 (72%) indicated high interest in networking with other palliative care programs in the state. Emails (90%) and regional meetings (69%) gained the most votes as preferred means of connecting. Favored networking activities include exchanging successful practices (90%) and problem-solving strategies (69%), tracking common evaluation indicators (90%), and identifying training needs and resources (62%).

Conclusions and Recommendations

Existing palliative care programs are located in the hospitals and areas of the state where most deaths occur, but underserved areas remain (see attached map). For regional medical centers and other larger hospitals, the inpatient palliative care team is likely a reasonable model of service delivery. Different models may be more realistic for rural areas with smaller hospitals, given the likely scarcity of professionals with palliative

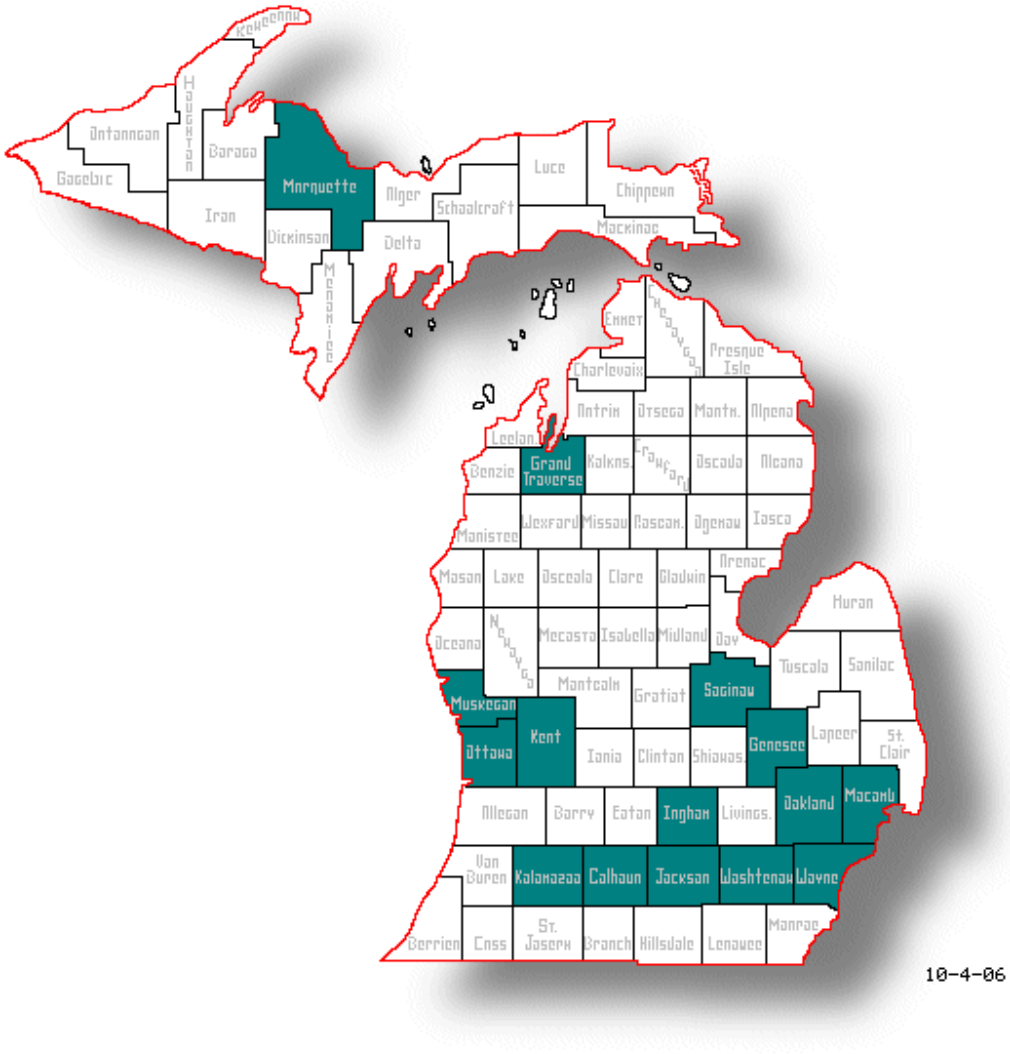
care credentials in those areas. It would be useful to search for existing models in other states.

There is great need to nurture and preserve functioning palliative care teams and to mentor developing programs to expand access to pain and symptom relief statewide. Given the high interest in a palliative care network, it is critical that a credible and qualified organization or partnership of organizations act promptly to address this need.

A substantial proportion of respondents expressed interest in tracking common palliative care indicators. Given that many programs lack staff and expertise to develop data collection tools, expert assistance is critical. Developing such a tool should be a joint effort involving palliative care practitioners as well as data and evaluation experts. The process should include reviewing and where possible using or adapting already-developed resources, as from the Center to Advance Palliative Care (CAPC). Pooled statewide data would be valuable for tracking access to and impact of palliative services and may also be useful for making a case for palliative care with hospital administrators in underserved areas.

Given the excellent response to this survey and the high interest in networking, it is essential to maintain regular contact with the palliative care teams. This should begin as soon as possible with distribution of a map and roster of existing programs and a summary of aggregate census findings.

Location of Hospital-Based Palliative Care Services in Michigan



In each shaded county, there is at least one hospital with an established palliative care team, per an online census of hospital-based palliative care programs conducted in Sep/Oct 2006. The census was a collaborative project of the Michigan Department of Community Health, the Michigan Hospice and Palliative Care Organization, and the Michigan Public Health Institute. It was endorsed by the Michigan Cancer Consortium.

Palliative Care Teams in Michigan Hospitals

Facility	No. Beds	Status	County
VA Medical Center* Battle Creek		Established for ?? years	Calhoun
Genesys Regional Medical Center Grand Blanc	410	Launched in the past 12 months	Genesee
Munson Medical Center Traverse City	330	Established 1-4 years	Grand Traverse
Ingham Regional Medical Center Lansing	350	Launched in the past 12 months	Ingham
Sparrow Hospital Lansing	500+	Established 1-4 years	Ingham
W A Foote Memorial Hospital Jackson	319	Established 1-4 years	Jackson
Borgess Hospital* Kalamazoo		Established for ?? yrs	Kalamazoo
Saint Mary's Health Care Grand Rapids	325	Established 1-4 years	Kent
St John Macomb Hospital Warren	348	Established 1-4 years	Macomb
Marquette General Hospital Marquette	300	Launched in the past 12 months	Marquette
Mercy General Health Partners Muskegon	177	Established 1-4 years	Muskegon
Providence Hospital Southfield	428	Established 1-4 years	Oakland
St Joseph Mercy Oakland Pontiac	300	Established 5+ years	Oakland
William Beaumont Hospital Royal Oak	990	Established 1-4 years	Oakland
Holland Community Hospital Holland	205	Launched in Sep 2006	Ottawa
Aleda E Lutz VA Medical Center Saginaw	114	Established 1-4 years	Saginaw
St Joseph Mercy Hospital Ann Arbor	520	Established 1-4 years	Washtenaw
University of Michigan Health System Ann Arbor	729	Launched in the past 12 months (adult & pediatric teams)	Washtenaw
VA Ann Arbor Healthcare System Ann Arbor	114	Established 5+ yrs	Washtenaw

Facility	No. Beds	Status	County
Detroit Receiving Hospital Detroit	200+	Established 5+ years	Wayne
Henry Ford Hospital Detroit	903	Established 5+ years	Wayne
John D Dingell VA Medical Center Detroit	200+	Established 1-4 years	Wayne
St John Detroit Riverview Detroit	250	Established 1-4 years	Wayne
St John Hospital & Medical Center Detroit	600+	Established 1-4 years	Wayne
Programs Under Development			
Oakwood Hospital & Medical Center Dearborn	632	Preparing to launch within 3 months	Wayne
William Beaumont Hospital Troy	250	Program under development	Oakland
Bon Secours Cottage Hospital Grosse Pointe	245	Program under development	Wayne
Children's Hospital of Michigan Detroit	238	Program under development	Wayne
Karmanos Cancer Center Detroit	---	Program under development	Wayne
Programs on Hiatus			
Hurley Hospital* Flint		Program on hiatus	Genesee
Bronson Methodist Hospital* Kalamazoo		Program on hiatus	Kalamazoo
St John Oakland Hospital Madison Heights		Program on hiatus	Oakland
St John River District St Clair	68	Program on hiatus	St Clair

This roster has been compiled from a variety of sources since 2004. All of the listed facilities were contacted in September for an online census of hospital-based palliative care services in Michigan. These data are drawn from survey input received on or before October 31, 2006. Contacts from the starred (*) facilities had not yet responded by that date. The census has been a collaborative project of the Michigan Dept of Community Health, the Michigan Hospice & Palliative Care Organization, and the Michigan Public Health Institute. It is endorsed by the Michigan Cancer Consortium.

Disclaimer Language

Data are not to be used for publications, presentations, or other report productions without approval from the Principal Investigator.

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